

POLICE DEPARTMENT – CITY OF READING, PA

**ALARM USER PERMIT APPLICATION**

PERMIT NO:
APPLICATION DATE:

ALARM USER:			D.O.B.	
ALARM LOCATION STREET ADDRESS:				
READING, PA	ZIP CODE:	TELEPHONE:		<input type="checkbox"/> Residence <input type="checkbox"/> Business
MAILING ADDRESS:				
CITY:		STATE:	ZIP CODE:	
DAY PHONE:		NIGHT PHONE:		
(       )		(       )		

ALARM TYPE:	<input type="checkbox"/> Burglar	<input type="checkbox"/> Robbery	<input type="checkbox"/> Police Emergency	<input type="checkbox"/> Other:
COMMUNICATION TYPE:	<input type="checkbox"/> Local Sounding Device	<input type="checkbox"/> Central Station	<input type="checkbox"/> Both	
PRIVATE GUARD RESPONSE: <input type="checkbox"/> NO <input type="checkbox"/> YES: Company:				

Special directions to alarm property:

Special information (Guard on site, dogs in building, hazardous materials, etc.):

ALARM COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP:
DAY PHONE:	NIGHT PHONE:	
(       )	(       )	

As a condition of receiving and keeping the permit an alarm user agrees to:
<ol style="list-style-type: none"><li>1. Consent and authorization for the inspection of any alarm installation and/or operation.</li><li>2. Notify the Alarm Coordinator within fourteen (14) days, any substantial change affecting the validity of the permit.</li><li>3. Waive the right to bring or file action, claim or complaint whatsoever against any police officer or other agent of the city who makes a forced entry in response to such an alarm into the premises on which such an alarm is installed as a result of entry into the protected premises.</li><li>4. Indemnify any police officer, the City of Reading, the police department, or other agent, as appropriate, from any and all damages whatsoever claimed by the lessor or owner of the premises on which the alarm is installed in the event the owner of the premises is a person other than the alarm user permit applicant, as in the instance of a lessee or other use not the owner of the premises on which the alarm is installed.</li></ol>
By signing this application I acknowledge that the information is correct and this information may only be used by the Reading Police Department.

Alarm User Applicant's Signature \_\_\_\_\_